



NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

One West Street
Mineola, NEW YORK 11501
TEL. (516)-572-2240
FAX: (516)-571-6705

**Minority/ Woman-Owned Business Enterprise
Certification Short Form**

Instructions

Please sign, complete and return this form, along with a copy of the latest company tax return and proof of certification – a copy of the completed application submitted to the certifying agency and a certificate and/or letter validating minority and/or woman status – to the Office of Minority Affairs (OMA). Businesses may fill out this short form if they are currently certified by the following agencies:

**Port Authority of New York and New Jersey
Metropolitan Transportation Authority
New York State Empire Development Corporation
New York City Department of Small Business Services
New York City School Construction Authority**

OMA will approve or deny certification to your firm based on the information you provide. The Nassau County Minority and Women-Owned Business Enterprise Program (M/WBE Program) will enhance your business opportunities, as well as, create additional exposure for your business to Nassau County government agencies, regional agencies, authorities, construction developers, prime contractors, and other public and private organizations.

Please mail the completed form to:

**Nassau County
Office of Minority Affairs
One West Street
Mineola, NY 11501
516-572-2240 office
516-571-6705 fax**

Email: mwbeinformation@NassauCountyNY.gov

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Company Profile:

Please fill in the following information about your company.

Company Name_____

Contact Name_____

Business Title_____

Business Address_____

Business Telephone/Fax Business#_____ Fax#_____

Email Address_____

Bonding Limit (If Applicable)	Agent/Broker:	Single Job \$	Aggregate\$
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License Type: (If Applicable)	Issued By:
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Trade Type:	License#
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Please provide FEIN/SSN/DUNS numbers_____

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Comparable Jurisdictions:

- **The Port Authority of New York and New Jersey,**
- **Metropolitan Transportation Authority,**
- **New York State Empire Development Corporation,**
- **New York City Department of Small Business Services,**
- **New York City School Construction Authority**

Does one or more of these comparable jurisdictions currently certify you? Yes/No

If yes, please list: _____

If you are not currently certified by one or more of these comparable jurisdictions, by what certifying agency(ies) are you certified? _____

What type of certification are you applying for? (E.g. MBE, WBE, both)

Please list certification type: _____

If certified by a Nassau County comparable jurisdiction, what is your Certification expiration date? _____

Is your business unionized? Yes/No

If yes, please list: _____

Have you ever had a government contract? Yes/No

If yes, please list: _____

****If one or more of these comparable jurisdictions currently certifies your firm, please submit a certification letter of proof or certification number from the respective certifying agency(ies). Please submit any supporting documentation along with this application.**

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Conditions of Certification Short Form Application:

Your signature on this application indicates your acceptance and understanding of the conditions to qualify as a certified M/WBE firm with the County of Nassau:

- Omission of information may be cause for this application not receiving timely and complete consideration.
- Applicant agrees to allow Nassau County's M/WBE Analyst/Coordinator the right to inspect the applicant's place of business.
- The Nassau County reserves the right to request further information from applicant prior to certification.
- The applicant has received and reviewed the M/WBE criteria established by OMA.
- Any information submitted which is determined to be false shall be grounds for denial of certification and if certification has been granted shall be grounds for decertification.
- The applicant agrees to notify the M/WBE Program Director of any change in ownership, management control or business status.
- All information and documents submitted with this application shall become the property of the Nassau County.
- ***Please be advised that all vendors/suppliers must register with Nassau County at www.nassaucountyny.gov prior to completing this application.***
- ***Please be advised that after certification, you will be able to review your certification status online at www.nassaucountyny.gov***

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Affidavit:

The undersigned certifies that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations_____

As well as the ownership thereof. Any material misrepresented will be grounds for terminating any contract, which may be awarded, and for initiating action under federal or state laws concerning false statements.

Signature_____

(Signature affirms said business is a minority or women owned business enterprise and that all information is true and accurate.)

Name of Firm: _____

Title: _____ Date:_____

CORPORATE SEAL (Where Appropriate)

THIS APPLICATION MUST BE NOTERIZED BY ALL BUSINESSES SEEKING CERTIFICATION.

State of _____ County of _____ On this ____ day of _____, 20____, before me appeared _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by _____ to executes the affidavit and did so as his or her free act and deed.

Notary Public: _____

My Commission Expires: _____

**** Please include a copy of your letter of certification (letter and/or certificate with this application) ****